



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Kuo Chuan WU et al ATTY DOCKET : BA-22882
SERIAL NO. : 10/828,917 GROUP : 2181
FILED : April 21, 2004
TITLE : VERSATILE OPTICAL STORAGE DRIVING DEVICE FOR
MULTIMEDIA AUDIO/VIDEO SYSTEM

PETITION UNDER RULE 136(a) AND RULE 141(3)

01/16/2009 CKHLOK 0000165834

MAILSTOP: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHECK Refund Total: \$465.00

S I R :

Applicants petition the Commissioner for Patents and Trademarks to extend the time for response to the Office Action dated July 16, 2007 for three months from October 16, 2007 to January 16, 2008. A check in the amount of Four Hundred Sixty Five and 00/100 dollars (\$465) covering the fee for a three-month extension for a small entity, with one month having already been paid, is enclosed herewith. Any deficiency or over-payment should be charged or credited to deposit Account No. 03-2468.

Respectfully submitted,

Kuo Chuan WU et al

Joseph J. Orlando, Reg. No. 25,218
CUSTOMER NO.: 178

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BUCKNAM AND ARCHER
1077 Northern Boulevard
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516 365-9802

03/10/2008 RFEKADU1 00000014 10828917

03 FC:2253

465.00 OP

I hereby certify that this document is being deposited with the U.S. Postal Service on March 4, 2008 as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Amy Klein

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Adjustment date: 01/16/2009 CKHLOK
03/10/2008 RFEKADU1 00000014 10828917
03 FC:2253

-465.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>1/15/09</u>		2 Serial/Patent # <u>10/828,917</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		<u>3/7/08</u>	\$ <u>465.00</u>
	Notice of Appeal/Appeal			\$
	Petition	1		\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		<u>465.00</u> \$ 1020
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
	Duplicate Payment	<div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>Outside Max. stat. pd. for reply</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kenya A. McLaughlin</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u>/kenyamclaughlin/</u>		PHONE: <u>571-272-3222</u>		
OFFICE: <u>Office of Petitions</u>				
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APPROVED: <u>CKKok</u>		DATE: <u>1/16/09</u>		

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